. • •								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001									0972/101				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS							R	ATE.	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BAS	C FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			BO minus 20=		• 10		X	9=		OR	X\$18=	180	
INDEPENDENT CLAIMS			∜ mir	nus 3 =	* /		X	12=		OR	X84=	80	
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT				+140=			OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TO	TOTAL		OR	TOTAL		
// CLAIMS AS AMENDED - PART II /// 3//03 (Column 1) (Column 2) (Column 3)							SM	SMALL ENTITY			OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 36	Minus	** 3	30	=6	X	9=		OR	X\$18=	108	
	Independent	• 5	Minus *** 7			- /	X42=			OR	X84=	56	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								40=.		OR	+280=		
/ /								TOTAL		OR	TOTAL ADDIT, FEE	Od	
1	2/1/04	الكال			•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	-	PREVI	IBER	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 33	Minus	** /	36	=	XS	9=		OR	X\$18=		
	Independent	* 4	Minus	ENDEND	C AIM	•	X	12=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								40= .		OR	+280=		
10/2/15								OTAL I. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colui		(Column 3)				1 1			
AMENDMENT C		REMAINING AFTER AMENDMENT	i	NUM PREVI		PRESENT EXTRA	R/	NTE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• /8	Minus	± (30.	s	XŞ	9=		OR	X\$18=		
	Independent	dependent *		7	= -		2=		OR	X84=			
لـــا	rino i PHESE	NIATION OF MU	JUITLE DEF	CHUEN	CLAIM		+1	40=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT 555										00	TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
		·				•							